

PRINTED: 08/03/2016
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/20/2016
NAME OF PROVIDER OR SUPPLIER CONCORD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2339 ODELL SCHOOL ROAD CONCORD, NC 28027		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller on July 20, 2016.</p> <p>Records indicate this facility was first licensed on March 14, 1995 as a Home for the Aged. The facility is currently licensed for 48 Beds. The facility consists of an original building circa 1965 and an addition circa 1987. The circa 1967 portion of the building was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1967 North Carolina Building Code and the 1971 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at time of initial licensure.</p> <p>The circa 1987 addition was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1978 (revision 10) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1994 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.</p> <p>Deficiencies were noted which require a Plan of Correction.</p>	C 000		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION</p> <p>f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by:</p>	C 111		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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C 111	Continued From page 1 1. Based on record review, and interview with Managers the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required. This deficiency affects residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on July 20, 2016: a. Facility Managers indicated that the Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, was not available for review.	C 111	Facility Manager will retain and maintain a copy of 2016 fire alarm system report for review.	9-30-16
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (a) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide commodes, tubs and showers accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on July 20, 2016: a. Shower Room across for Nurse Station - the tub had a loose hand grips (grab bar). b. Back Wing Left Group Bathroom - there were no hand grips (grab bar) for the tub. c. Back Wing Left Group Bathroom - the commode had a loose hand grips (grab bar).	C 133	Facility maintenance Director will refasten loose hand grip Facility maintenance director will install a hand grip at the tub Facility Maintenance Director will refasten loose hand grip and monitor all hand grips weekly to insure they are in proper working order.	9-30-16

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C 150	<p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, corridors were not free of all equipment and other obstructions. This would affect all residents, staff and visitors by slowing or obstructing egress during an emergency.</p> <p>Findings on July 20, 2016: a. Back Wing Right Side Exit - there was a chair on the porch behind the exit door. b. Front Left Wing - in the Corridor there were several unattended walkers and a medication cart, with one walker stationed within the door swing of the cross-corridor fire doors.</p>	C 150	<p>Facility Maintenance Director Will remove the chair and all other obstructions</p> <p>Facility Manager will meet with facility staff to ensure and doorways and hallways remain free of obstructions.</p>	<p>9-30-16</p> <p>8-31-16</p>	
C 152	<p>Entrances-Steps, Porches with Handrails</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(h) The requirements for outside entrances and exits are: (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building was not equipped with stable handrails and guardrails at steps, porches, stoops and ramps. This would affect all residents, staff and visitors who use these unstable handrail/guardrails by not providing increasing safety, stability/balance, and</p>	C 152			

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C 152	Continued From page 3 maneuverability required of these devices. Findings on July 20, 2016: a. Front Wing Left Side Entrance - the ramp only had a handrail on one side.	C 152	Facility Maintenance Director will install a new handrail to ensure compliance. FMD will also ensure to monitor all handrails weekly to ensure compliance.	9-30-16
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean and safe condition. Findings on July 20, 2016: a. Behind the Front Wing Right - there was a broken bench unsafe to sit on. b. Back Wing Right Side- there were two broken tables. c. Back Wing Right Side -the soffit and rake were open/missing allowing pests and the weather an entrance into the area protected by the roof. d. Back Wing Right Side - the metal post supporting the porch had peeling paint and rust had developed. e. Back Wing Left Side - the metal post supporting the porch had peeling paint and rust had developed. f. Back Picnic Area -in this area there was an old brush pile, limbs, trash pile, broken chair and a pallet laying on the picnic table. g. Back Wing Left - there was a hole in the soffit	C 160	a/b Facility Maintenance Director Will remove the broken bench, two chairs, and monitor grounds weekly to ensure compliance. c Facility Maintenance Director will replace soffit and rake to protect the roof area d Facility Maintenance Director will repaint the post e Facility Maintenance Director will repaint the post f Facility Maintenance will ensure removal of all debris for the picnic area Maintenance Director will repair or replace soffit	9-30-16 9-30-16 9-30-16 9-30-16 9-30-16

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C 160	Continued From page 4 where a condensation line appears to have been removed allowing pest access to the attic. h. Exterior Space Between Wings Left Side - there are 4-inch corrugated pipes winding through the space. These winding pipes create tripping hazards. Exterior Space Between Wings Right Side - there is a picnic table with one of the double boards you seat on broken. i. Exterior Space Between Wings Right Side - there are three chairs with very torn seat cushions. j. Exterior Space Between Wings Left Side - there were many tall weeds and grass clumps appearing between the cracks in the in the concrete patio. This random vegetation creates tripping hazards. k. Front Wing Right - the gutter had small trees growing in it and the roof had several limbs laying on it. l. Back Wing Left Side - there was a cracked top windowpane in the back bedroom.	C 160	Maintenance Director will remove the corrugated pipe and monitor weekly to ensure trip hazards are not present. maintenance director will repair or remove the picnic table Maintenance Director will remove the chairs with torn cushions Maintenance will remove the vegetation Maintenance Director will clean off gutters around the facility and monitor weekly to ensure gutters remain clean Maintenance Director will replace the window pane	9-30-16 8-30-16 9-30-16 9-30-16 9-30-16 9-30-16
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and	C 164		

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C 164	Continued From page 5 furniture clean and in good repair. Findings on July 20, 2016: a. Public Restroom near Conference Room - the walls around the sink and commode had peeling paint that needed refinishing. b. Public Restroom near Conference Room - the floor around the commode was chipped and dirty. c. Employee Restroom - the tile floor around the commode was dirty. d. Shower Room across Nurse Station - the tile floor around the commode and to the floor drain were stain and dirty. e. Public Restroom near Conference Room - the light switch and adjacent wall was very dirty. f. Public Restroom near Conference Room - the walls door and frame need to be refinished. g. Bedroom 102 - the door was marred up. h. Bedroom 101 Bathroom - the tile floor was stained behind the commode, and under the sink and towel bar. i. Shower Room across from the Nurse Station - walls around the tub and shower had peeling paint that needed refinishing. j. Shower Room across from the Nurse Station - near the tub and shower the vinyl base was falling off the wall. k. Shower Room across from the Nurse Station - the base of the corridor door frame had rust out. l. Dining Room - the ceiling was stained and the texture ceiling was falling down. m. Dining Room - the left wall was marred up. 2. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on July 20, 2016:	C 164	a. Maintenance Director will repaint the wall area that is chipped and monitor areas weekly to ensure they are in good repair. b. Maintenance Director will repaint the wall area that is chipped and monitor areas weekly to ensure they are in good repair. c. Maintenance Director will ensure the restroom is Clean, facility Manager will monitor twice weekly to ensure compliance. d. Maintenance Director will ensure the tile floor is cleaned, Facility Manager will monitor twice weekly to ensure compliance. e. Maintenance Director will clean the switch f. Maintenance Director will repaint the wall area that is chipped and monitor areas weekly to ensure they are in good repair. gh. Maintenance Director will repaint the wall area that is chipped and monitor areas weekly to ensure they are in good repair. i. Maintenance Director will repaint the wall area that is chipped and monitor areas weekly to ensure they are in good repair. j. Maintenance Director will refasten the vinyl base and monitor weekly to ensure all vinyl base is securely fastened k. Maintenance Director will repair the door frame l. Maintenance Director will repair and paint the ceiling in the dining room	9-30-16 9-30-16 9-30-16 9-30-16 9-30-16 9-30-16 9-30-16 9-30-16 9-30-16 9-30-16 9-30-16

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CONCORD HOUSE**2339 ODELL SCHOOL ROAD
CONCORD, NC 28027**

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C 164	Continued From page 6 a. Hopper Room - the utility sink's plumbing trap was dried-up, allowing sewer gases for entering the Building and the room smells.	C 164	Maintenance Director will ensure sink is in proper working order and monitor monthly to ensure compliance	9-30-16
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, record review and interview the facility failed to provide an environment free of all obstructions and hazards by allowing them to stay. Findings on July 20, 2016: a. Front Wing Left Side Porch - on the porch ceiling, there was a wasp's nest. The wasps have the potential to sting occupancies. 2. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on July 20, 2016: a. Kitchen Exterior Can Wash - both water lines were not equipped with vacuum breakers and there was a hose present. 3. Based on Observation, the Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents,	C 166	Maintenance Director Will remove the Wasps nest and monitor weekly to ensure it does not return Maintenance Director Will install new vacuum breakers	9-30-16 9-30-16

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C 166	Continued From page 7 staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on July 20, 2016: a. Hopper Room - three portable medical oxygen cylinders were stored standing not secured to the structure.	C 166	Maintenance Director will contact oxygen company to have them bring proper storage devices for oxygen bottles	8-30-16
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. Findings on July 20, 2016: a. Entire Building - since the annual maintenance, performed in August 2015, there has been no documentation of the portable fire extinguisher's monthly inspections.	C 183		
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official	C 184		

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C 188	Continued From page 9 protection to these devices. Findings on July 20, 2016: a. Conference room - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault. b. Front Corridor Right Side Porch - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault. c. Public Restroom near Conference Room- the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault. d. Employee Restroom - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault. e. Bedroom 101 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault. f. Shower Room across from Nurse Station- the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault.	C 188 A-F	Maintenance Director will investigate the issue with all GFCI and contact an electrician to make the repair to ensure all GFCI have power and can be tested. Maintenance director will test GFCI monthly to ensure compliance.	9-30-16
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 189		

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C 189	Continued From page 10 This Rule is not met as evidenced by: 1. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to fire/smoke if not contained in Room or compartment of origin Findings on July 20, 2016: a. Back Wing -the cross-corridor doors did not close and could not latch into the doorframe when the fire alarm system released the doors. b. Front Wing Electrical Room - there were gaps around cables, pipes and conduit not firestop as they penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke. c. Front Wing Electrical Room - there were holes and holes filled with unapproved foam insulation not firestop in the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke. d. Front Left Exit - the exit sign did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly. e. Bedroom 102- there was a gap around a cable, not firestop as it penetrate the fire-resistance-rated wall assembly, allowing the spread of fire and smoke. f. RCC Office - there were gaps around cables, not firestop as they penetrate the fire-resistance-rated wall assembly, allowing the spread of fire and smoke. g. RCC Office Bathroom - there were gaps around cables, not firestop as they penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke. h. Front Wing Electrical Room - there were hole and holes filled with unapproved foam insulation not firestop in the fire-resistance-rated wall	C 189	<p>a. Maintenance will adjust the door hinges and strike plate to ensure the door closes properly when released.</p> <p>b. Maintenance Director will seal all penetrations with the approved fire caulk to ensure fire resistance. Maintenance Director will also monitor all work on the facility by outside vendors to ensure fire caulk is used on all holes in the fire walls.</p> <p>c. Maintenance director will remove all unapproved foam and replace with approved fire caulk.</p> <p>d. maintenance Director will adjust the exit sign to ensure it covers the entire penetration</p> <p>e f g. Maintenance Director will seal all penetrations with the approved fire caulk to ensure fire resistance. Maintenance Director will also monitor all work on the facility by outside vendors to ensure fire caulk is used on all holes in the fire walls.</p> <p>h. Maintenance director will remove all unapproved foam and replace with approved fire caulk.</p>	<p>9-30-16</p> <p>9-30-16</p> <p>9-30-16</p> <p>9-30-16</p> <p>9-30-16</p>

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C 189	Continued From page 11 assembly, allowing the spread of fire and smoke, i. TV Room - there was a gap around a cable, not firestop as they penetrate the fire-resistance-rated - the exit sign did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly, j. Activity - a light fixture did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly k. Mop Sink Room - there were several opening joints between the walls and ceiling not firestop in the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke. l. Dining Room. The right corridor door did not have any latching hardware. m. Bedroom 109 the door hardware was very loose and the door had no strike bolt. n. TV Room - the corridor door had two 1 1/2 inch by 3/4 inch holes through the corridor door, allowing the spread of fire and smoke. o. Activity - without applying extra force, the corridor door hits its frame, preventing it from closing thus latching, which allows the passage of smoke. In addition the door was very hard to open once the door is shut. p. Disper Room - without applying extra force, the corridor door hits its frame, preventing it from closing thus latching, which allows the passage of smoke. 2. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on July 20, 2016: a. Front Smoke Barrier Wall - the exit signs on both sides did not work on normal power or have backup power test buttons, even though the right	C 189	Maintenance Director will seal all penetrations with the approved fire caulk to ensure fire resistance. Maintenance Director will also monitor all work on the facility by outside vendors to ensure fire caulk is used on all hole in the fire walls. Maintenance Director will Adjust the light fixture to cover the entire penetration Maintenance Director will seal all penetrations with the approved fire caulk to ensure fire resistance. Maintenance Director will also monitor all work on the facility by outside vendors to ensure fire caulk is used on all hole in the fire walls. Maintenance Director will install new hardware Maintenance Director will tighten all hardware and replace strike bolt Maintenance Director will seal all penetrations with the approved fire caulk to ensure fire resistance. Maintenance Director will also monitor all work on the facility by outside vendors to ensure fire caulk is used on all hole in the fire walls. Maintenance will adjust the door hinges and strike plate to ensure the door closes properly when released. Maintenance will adjust the door hinges and strike plate to ensure the door closes properly when released. Maintenance Director will replace the will replace the exit signs and will also conduct and document monthly testing of all emergency equipment	9-30-16 9-30-16 9-30-16 9-30-16 9-30-16 9-30-16 9-30-16

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/20/2016
NAME OF PROVIDER OR SUPPLIER CONCORD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2339 ODELL SCHOOL ROAD CONCORD, NC 28027		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 13 staff and visitors if someone becomes trapped inside. Findings on July 20, 2016: a. Closet Entire Building - many closet doors were equipped with hasp hardware and padlock or a barrel bolt. These locking systems do not provide an override device allowing exiting from the area. Most resident closets already have keyed locking hardware. 5. Based on observation, the building was not maintained in a safe manner by failing to ensure that clothes dryer duct can exhaust to an open free area. This could affect all residents, staff and visitors by allowing lint to accumulate (fuel for a fire) Findings on July 20, 2016: a. Clothes dryer exhaust system - was missing its cap and backdraft damper to keep vermin from entering the building.	C 189	Maintenance Director will remove all unapproved lock hardware and also monitor monthly to ensure all hardware install is approved Maintenance Director will repair and clean duct work to ensure proper ventilation and monitor monthly to ensure the duct work remains clean and in proper working order Maintenance Director will install back-draft damper to ensure compliance	9-30-16 9-30-16 9-30-16
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to	C 191		

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C 199	Continued From page 15 allowing a build-up of odors. b. Conference Room Bathroom- the local exhaust ventilation system did not work, allowing a build-up of odors. c. Back Wing Left Group Bathroom - the local exhaust ventilation system did not work, allowing a build-up of odors.	C 199		